

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155378</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/27/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT PARKWOOD</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1001 N GRANT ST</b> <b>LEBANON, IN 46052</b>			
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00172071. This visit resulted in a Partially Extended Survey - Immediate Jeopardy. Complaint: IN00172071 Substantiated. Federal /State deficiency related to the allegations is cited at F155.</p> <p>Survey date: April 24, 2015 Partially Extended date: April 27, 2015</p> <p>Facility Number: 000468 Provider Number: 155278 AIM Number: 100290270</p> <p>Census Bed Type: SNF/NF: 98 Total: 98</p> <p>Census Payor Type: Medicare: 13 Medicaid: 61 Other: 24 Total: 98</p> <p>Sample: 3 Supplemental Sample: 2</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on April 28, 2015.</p>			F 000			
F 155 SS=K	<p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES</p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research,</p>			F 155			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 155	<p>Continued From page 1</p> <p>and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a residents' right in self determination regarding implementation of the formulated advanced directive which resulted in death, in that when a resident made the determination for CPR (cardio-pulmonary resuscitation) in the event of unresponsiveness or cardiac arrest, the Licensed Nurse (#13) failed to follow the residents advanced directive and initiate CPR when she was found unresponsive. (Resident "B") This deficient practice had the potential to effect all residents in the facility.</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate Jeopardy began on 04-21-15 when the nursing staff failed to provide medical intervention (CPR) to restore circulatory and respiratory function that had ceased. The Administrator, Director of Nurses, Assistant Director of Nurses, Corporate Nurse Consultant</p>	F 155	Past noncompliance: no plan of correction required.		

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F 155	<p>Continued From page 2</p> <p>and Staff Development Coordinator were notified of the Immediate Jeopardy at 2:40 p.m. on 04-24-15. The Immediate Jeopardy was removed on 04-22-15 and the deficient practice corrected on 04-22-15 and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 04-24-15 at 12:50 p.m. Diagnoses included, but were not limited to, End Stage Renal Disease, shortness of breath, atrial fibrillation, congestive heart failure, chronic deep vein thrombosis, expressive aphasia and a history of PEA (pulseless electrical activity) cardiac arrest. The resident received outpatient hemodialysis at a local clinic three times a week. These diagnoses remained current at the time of the record review.</p> <p>The resident was admitted to the facility on 03-25-15 after a hospitalization after she had a fall which resulted in an epidural hematoma and subdural hematoma. The resident was assessed as "stable prior to discharge."</p> <p>At the time of admission to the facility the facility "Advanced Directives/Informed Consent," dated 03-25-15 indicated the resident had a Living Will and a family member was identified as the Durable Power of Attorney. The Indiana Physician Orders for Scope of Treatment (POST), and signed by the resident's physician on 04-20-15 indicated the following:</p> <p>"First follow these order. Contact Physician, Advanced Practice Nurse [APN], or Physician Assistant [PA], for further orders if indicated. Emergency Medical Services [EMS] contact</p>	F 155			

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F 155	<p>Continued From page 3</p> <p>Medical Control per protocol. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section."</p> <p>"Section A - Cardiopulmonary Resuscitation [CPR]: Patient has no pulse AND is not breathing - Attempt Resuscitation/CPR."</p> <p>"Directions for Health Care Professional's - Using These Medical Orders - Persons who are in need of emergency medical services due to a sudden accident or injury outside the scope of the persons' illness should receive treatment to manage their medical needs."</p> <p>A review of the Current Physician Monthly Rewrite for April 2015 indicated the resident was a "Full Code."</p> <p>The resident's current Plan of Care, dated 04-10-15 indicated "Res. [resident] has Advanced Directive's on record - FULL CODE." The Goal to this problems indicated, "Resident Advanced Directives will be carried out in accordance with their Advance Directives on an ongoing basis through next review." An approach to this plan of care included, "Staff to follow Advance Directives of being a Full Code."</p> <p>A review of the Physician Progress Note, dated 04-20-15 indicated the following: "She was seen for acute visit. On exam, LE [lower extremity] +2 edema, intensity increase since last visit. Appears tired and RR [respiratory rate] 22. She has been up today in w/c [wheelchair], now in bed. Feet elevated and nursing is putting on tubigrips. States she is</p>	F 155			

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F 155	<p>Continued From page 4</p> <p>more SOB [short of breath] today and just tired. RT [respiratory] Tx. [treatment] to be given now. O2 [oxygen] sats [saturation levels] 92 - 93%. CXR [chest x-ray] ordered, states + [positive] for cough, crackles left base, no sputum production. Denies CP [chest pain], palpitations, n/v [nausea/vomiting]. No report of fever. Discussed with nursing at bedside that if any acute changes she may need to go to hospital if HD [hemodialysis] needed. Await CXR results r/o [rule out] infiltrates/ vs. [versus] fluid. Code Status: Full Code."</p> <p>A review of the "Nurse's Notes," indicated the following: "04-20-15 at 2300 [11:00 p.m.] - [Name of resident] sitting on SOB [side of bed]. Assisted to lie back with HOB [head of bed] elevated. O2 [Oxygen] on at 2 liters per N/C [nasal cannula], Sat. [Oxygen Saturation Level] at 93%. Bilateral edema at 3+ in both feet and ankle's. Resp. [Respirations] even, sl. [slightly] labored. Chest sounds wheezy, bilaterally, moderately in left lower lobe otherwise minimal. A &amp; O times 3. No c/o [complaints of] pain at this time."</p> <p>"04-21-15 at 0001 [1:00 a.m.] Neb. [nebulizer] treatment administered. Sat at 93%. Following treatment Sat. were briefly 88 - 90 %. Then increase to 91 % and stabilized."</p> <p>"04-21-15 at 0130 [1:30 a.m.] Spoke with Nurse Practitioner on call for [name of physician] to report results of chest x-ray. New orders received. Up Dated on Status."</p> <p>"04-21-15 at 0320 [3:20 a.m.] Resident has been resting quietly. HOB elevated. Sat at 93 %. Pt. [patient] c/o nausea. Phenergan [a medication</p>	F 155			

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F 155	<p>Continued From page 5</p> <p>for nausea] given. Also c/o pain and requested med. [medication] Hydrocodone/Acetaminophen 5-325 - [a controlled narcotic pain medication] administered. Left Sat. probe [an instrument used to check the oxygen saturation level] on finger for readings if she is asleep."</p> <p>"04-21-15 at 0515 [5:15 a.m.] Sat readings have ranged from 90 - 95 % currently 95 %. Resident stated she had been dreaming but could not recall what about. Nurse tried to help but to no avail. Told her to think about it while taking neb [nebulizer] breathing treatment] and tell nurse when she gets back."</p> <p>"04-21-15 at 0535 [5:35 a.m.] Nurse entered room to check resident s/p [status post] neb. treatment and turn treatment off and found resident pale and respirations have ceased. No response. No pulse present. No Heart rate present per auscultation. Notified clinical call nurse and unit manage [manager]. Notified Nurse Practitioner."</p> <p>During an interview on 04-24-15 at 10:30 a.m., the Administrator indicated the Licensed Nurse failed to initiate CPR to the resident.</p> <p>During an interview on 04-24-15 at 10:00 a.m., the Assistant Director of Nurses indicated she came to the facility to Inservice the night shift nursing staff on 'night shift duties.' "[Name of Licensed Nurse #13] told me the resident passed. I asked if she started CPR and she said she didn't initiate CPR because she had it in her mind the resident was a DNR [Do Not Resuscitate]. All the charts and the residents rooms were marked with the resident's code status at the time of the incident."</p>	F 155			

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F 155	Continued From page 6  During an interview on 04-24-15 at 11:30 a.m., Licensed Nurse #13, indicated the following: "I found her unresponsive. I had her breathing treatment going per schedule and was going back into the room to check her Sats. - I had to make sure it was greater than 90%. The curtain was pulled a little bit so I walked around the curtain. Her eyes were partly open when I looked at her face - I shook her and called her name but got no response. I listened for a heart rate and checked her pulse and there was none. In my mind, I had it in my mind she was a no CPR - I didn't question myself I just had it in my mind. There were 'dots' on the charts and on the doors, red for No Code, and green for Full Code, and the code status for all the residents was listed on the report sheets. It's there - right there, but I didn't have it with me. I went to get the CNA [Certified Nurses Aide], and she saw [name of resident] and she said, 'Yeah she's gone.' I called the Staff Development Coordinator and the Nurse Practitioner. I had to call the Nurse Practitioner earlier in the shift. The evening shift nurse told me she [the resident] seemed weaker. She would have good nights and bad nights. Evening shift nurse said 'just watch her because she was having a little more difficulty breathing.' I spoke with the Nurse Practitioner about the results of the chest x-ray that we got earlier in the day, she then ordered Lasix [a diuretic] and Prednisone [a steroid]. I followed through with those orders, and gave [resident] the scheduled breathing treatment. I called the Nurse Practitioner back and gave her an update. I started my 6:00 a.m., medication pass around 5:15 a.m., and handed her [the resident] the nebulizer. At the end of the shift I told the Assistant Director of Nurses about [name of resident] death. I had the chart right in front of	F 155			

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F 155	<p>Continued From page 7</p> <p>me and I know I said out loud 'She is a Code.' I was in shock."</p> <p>A review of the hand written statement by Licensed Nurse #13 on 04-24-15 at 12:00 p.m., indicated the following:</p> <p>"04-22-15 - At approximately 5:15 a.m. I went to residents room to give her her breathing treatment as scheduled, she was awake. Her saturation was 94 - 95 %. I worked to help her get comfortable as she was trying to tell me about a dream she had just had but could not remember. I asked her if it was about her treatment or her medication and she said 'no.' I said something on the order of 'let me start your treatment and maybe when I come back you will remember.' She said 'OK.' I set up her treatment as usual. She took the hand held nebulizer as per usual. I thanked her. As I left the room I her her Sat was 95%. O2 was on per nasal cannula and connected. ... As I entered her[illegible word] of the room, the curtain was halfway pulled as usual between her and her roommate. I discovered her as extremely pale, mouth slightly open and the neb. mouth piece in her hand and on her leg. I was previously asked about her eyes open or closed and I said slightly open but now I believe they were more open after reflection because I thought she was awake when I entered the room but immediately I knew she had passed. I immediately shook her and said her name loudly, there was no response. I still had the stethoscope around my neck from listening to her breath sounds earlier so I auscultated for heart sounds and heard none. Checked pulse - no pulse. I turned off the machine and went to find the nursing assistant to help get her ready for family. I was totally shocked. I did go back into</p>	F 155			



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F 155	<p>Continued From page 8</p> <p>the room with the nursing assistant and she said something on first sight such as, and don't quote me exactly - 'Oh yeah she's gone.' I did not initiate CPR or call 911 because I wholly believed since my onset of providing care for [name of resident] in my heart and mind that she was a Do Not Code and did not question myself or my actions."</p> <p>A review of the signed Job Description for Licensed Nurse #13, dated 02-02-15, indicated the following:</p> <p>"Summary: Provide direct nursing care to the residents and supervise the day-to-day nursing activities performed by nursing assistance. Such supervision must be in accordance with current Federal, State, and Local Standards, guidelines and regulations that govern our facility, and as may also be required by the Director of Nursing to maintain the highest degree of quality care at all times."</p> <p>"Essential Duties &amp; Responsibilities: Review the resident's chart for specific treatments, medication orders, diets, etc., as necessary. Administer professional services and Review care plans daily to confirm that appropriate care is being rendered."</p> <p>"Job Requirements: Strong attention to detail and accuracy..."</p> <p>Further review of the employee filed indicated the Licensed Nurse held a current CPR certificate.</p> <p>A review of the facility policy on 04-24-15 at 1:00 p.m., for Advanced Directive, dated as revised October 2013, indicated the following:</p>	F 155			

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F 155	<p>Continued From page 9</p> <p>"It is the policy of the facility to recognize and support the use of Advance Directives through family, staff and community education and to encourage the residents' rights to self-determination through recognition and assistance with executing such directives."</p> <p>A review of the facility policy on 04-24-15 at 1:00 p.m., titled "CPR - CODE BLUE," and dated 12-2010, indicated the following:</p> <p>"Guideline - It shall be the policy of this facility to administer cardiopulmonary resuscitation on any/all residents unless there is a consent or authorization Do Not Resuscitation [DNR] for the issuance of an order no to resuscitate."</p> <p>"Procedure - Open the Airway: 1. Should a resident be identified without a pulse or respirations the status of the resident will be determined. CPR will be initiated unless there is a DNR order and consent in place. 2. CPR will be initiated utilizing the American heart Association/Red Cross guidelines."</p> <p>A review of the facility policy on 04-24-15 at 1:00 p.m., titled "Cardiopulmonary Resuscitation - Guideline Statement, undated, indicated the following:</p> <p>"The initiation of Cardiopulmonary Resuscitation [CPR]/Basic Life Support [BLS] in victims of sudden cardiac arrest will be initiated by staff certified in CPR/BLS."</p> <p>The past noncompliance Immediate Jeopardy began on 04-21-15. The Immediate Jeopardy was removed on 04-22-15 and the deficient</p>			F 155			

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F 155	<p>Continued From page 10</p> <p>practice corrected by 04-22-15 after the facility implemented a systemic plan that included the following practices:</p> <p>An audit of all licensed nurses to ensure an active license and are CPR certified, the implementation of a log and tracker for CPR certification for the facility, a review of daily staffing sheets leading up to and including the event and if the facility had 24 hour coverage.</p> <p>An audit of active resident charts for: (a) Advance Directives formulated upon admission and documented in resident's medical record with acceptance or refusal of Advance Directive, that forms are completed accurately to reflect the resident's decision to formulate Advance Directives, if the Advance Directive addressed the resident's wishes related to living will, code status, antibiotics, tube feeding etc.</p> <p>The facility ensured the Advanced Directive forms were completed appropriately, and Physician orders obtained and reflective of resident's decision for end of life care. Resident care plans were reviewed and reflective of the resident's end of life care choices.</p> <p>The facility instituted continued education of staff on CPR polices to include specific roles and assignments during codes, the use of the Emergency Code Documentation Form, location of crash carts, checking crash carts and the understanding that only CPR certified staff administers CPR.</p> <p>In addition the facility performed Mock Code Drill to ensure staff's understanding of responsibilities during a code.</p>	F 155			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT PARKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 N GRANT ST</b> <b>LEBANON, IN 46052</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 155	<p>Continued From page 11</p> <p>The facility scheduled a Quality Assurance meeting to discuss the incident and ensure the implementation of the Action Plan.</p> <p>Through observation, record review and staff were interviewed to ensure they were aware of the facility policy and procedure and their responsibility in regard to code status.</p> <p>This Federal tag relates to the Investigation of Complaint IN00172071.</p> <p>3.1-3(a)</p>	F 155			